

MILITARY INTERDEPARTMENTAL PURCHASE REQUEST					1. PAGE 1 OF 1 PAGES				
2. FSC		3. CONTROL SYMBOL NO.		4. DATE PREPARED DATE PREPARED		5. MIPR NUMBER XXXXXXXXXXXXXXXXXXXX		6. AMEND NO. BASIC or #	
7. TO: DEFENSE TECHNICAL INFORMATION CENTER ATTN: DTIC-I MIPR/IAA 8725 JOHN J. KINGMAND RD. SUITE 0944 FT BELVOIR, VA 22060-6218					8. FROM: (Agency, name, telephone number of originator) NAME OF AGENCY ADDRESS TELEPHONE NUMBER FAX NUMBER				
9. ITEMS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ACCOMPLISHED.									
ITEM NO.	DESCRIPTION <small>(Federal stock number, nomenclature, specification and/or drawing No., etc.)</small>	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL PRICE				
a	b	c	d	e	f				
	YOUR DESCRIPTION OF FUNDING AND USAGE.			\$\$\$\$\$.00	\$\$\$\$\$.00				
	ENTER \$ SUBTOTAL FOR IAC CONTRACT				\$\$\$\$\$.00				
	DTIC 4% TASK SUPPORT COST				\$\$\$\$\$.00				
	INCLUDE PERTINENT INFORMATION: a) INFORMATION ANALYSIS CENTER (IAC) NAME AND/OR CONTRACT NUMBER (SPO700-XX-D-XXXX) b) INPUT COMPLETE TAT NUMBER OR SUBSCRIPTION ACCOUNT NUMBER c) FINANCIAL/BUDGET POC FOR REQUESTING ACTIVITY: NAME TELEPHONE FAX AND EMAIL ADDRESS d) SENDER'S NAME TELEPHONE FAX AND E-MAIL ADDRESS DTIC POC: BETTY LANHAM, 703 767-9225 (DSN) 427-9225 EMAIL : IAC-MIPR@DTIC.MIL								
10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.					11. GRAND TOTAL \$\$\$\$\$.00				
12. TRANSPORTATION ALLOTMENT (Used if FOB Contractor's plant)					13. MAIL INVOICES TO (Payment will be made by) ADDRESS <div style="text-align: right;">PAY OFFICE DODAAD</div>				
14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW, THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.									
ACRN	APPROPRIATION	LIMIT/SUBHEAD	SUPPLEMENTAL ACCOUNTING CLASSIFICATION	ACCTG STA DODAAD	AMOUNT				
XX	XXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	\$\$\$\$\$.00				
15. AUTHORIZING OFFICER (Type name and title) SIGNATURE					16. SIGNATURE PHYSICAL/DIGITAL SIGNATURE		17. DATE DATE SIGNED		